

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR TREATING PROCESS WASTE WATERS HIGHLY CHARGED

WITH AMMONIUM IN WASTE WATER SYSTEMS

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____

(if applicable).

☒ was filed as PCT international application

Number PCT/EP 98/06882

on _____

30 October 1998

and was amended under PCT Article 19

on _____

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
PCT	PCT/EP 98/06882	30 Oct. 1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Germany	197 48 000.4	30 Oct. 1997	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Germany	198 28 175.7	24 June 1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)				ATTORNEY'S DOCKET NUMBER P-968	
<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.					
U.S. APPLICATIONS				STATUS (Check one)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
PCT/EP 98/06882	30 Oct. 1998				
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)</p> <p style="text-align: center;">Scott R. Cox Registration No. 31,945</p>					
<p>Send Correspondence to:</p> <p>Scott R. Cox LYNCH, COX, GILMAN & MAHAN, P.S.C. 400 West Market Street, Suite 2200 Louisville, KY 40202</p>				<p>Direct Telephone Calls to: (name and telephone number)</p> <p>Scott R. Cox (502) 589-4215</p>	
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
Högl		Landshut		Fed. Rep. of Germany	
Luitpoldstrasse 30 a		84034 Landshut		Fed. Rep. of Germany	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon</p>					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	

Practitioner's Docket No. P-986

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

I, Undine Gabriele Högl; Christian Eric Högl, Cindy Diana Högl
(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of _____,
residing at _____

and that I am executing and signing the declaration to which this is attached as

(check one):

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☒ legal representative (or heirs) of

Maximilian Högl

Full name of (first, second etc.) deceased or incapacitated inventor

Germany

Country of citizenship of deceased or incapacitated inventor

Felix-Meindl-Weg 80, 84036 Landshut, Federal Republic of Germany

Residence of deceased or incapacitated inventor

Luitpoldstrasse 30 a, 84034 Landshut, Federal Republic of Germany

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 24.6.00

Undine Högl
Signature of administrator(trix), executor(trix)
legal representative (or all heirs)
Undine Gabriele Högl (Heir)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])

Date: 26.06.00

Christian Eric Högl
Christian Eric Högl (signature of heir)

Date: 19.06.2000

Cindy Högl
Cindy Diana Högl (signature of heir)